EMERGENCY MEDICAL SERVICES AWARDS

OUTSTANDING PERFORMANCE IN AN EMERGENCY MEDICAL INCIDENT

Nomination Deadline: June 1, 2016

Submit Nominations to Tami Goodin at tgoodin@utah.gov
or by mail:
Bureau of EMS&P
Attention: Tami Goodin
PO Box 142004
Salt Lake City, Utah 84114-2004

The Bureau of Emergency Medical Services and Preparedness would like to honor the extraordinary service of those who provide day-to-day lifesaving services. The annual EMS Awards Ceremony is an excellent opportunity to recognize our state's extraordinary EMS professionals and express our support as an Emergency Medical Community.

The Utah Department of Health, Bureau of Emergency Medical Services and Preparedness, will be hosting the Awards Ceremony on **Wednesday, July 13, 2016, at 10:00 a.m.**

A nomination committee of EMS peers will select the Award Recipients. All Award Applications must be **filled out completely** with attached **justification for each nomination.**

EMS Award Criteria

Incident date should be between April 1, 2015 through April 1, 2016

Emergency Medical Incident of the Year

- Incident involving an emergency medical response by an agency or multiple agencies that performed exceptional skills and competency during a highly charged and critically severe emergency medical incident.

- The emergency medical responders demonstrated astute judgment, proficient ability and skill with determination to achieve the best possible outcome for the patient(s).

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Nomination Application

OUTSTANDING PERFORMANCE IN AN EMERGENCY MEDICAL INCIDENT

Nomination Deadline: June 1, 2016

Please provide a written scenario and a write-up of the incident on a separate sheet.

Nominator Contact Information: So that we can contact you if we need more information.

Your Name: **Your email address:**

Phone Numbers:
HOME: **WORK:** **CELL:**

Address:

Incident Date: Incident date should be between June 1, 2015 through April 30, 2016

Date Incident Occurred:

Location of the Incident:

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Nominated Agency(s) Contact Information: Include EACH agency's name and contact information for ALL Individual(s) who responded to the incident. Please use additional forms if needed

1. **Agency Name:** **Phone:** **Address:**

   Name and email address of Individual(s) who responded:

2. **Agency Name:** **Phone:** **Address:**

   Name and email address of Individual(s) who responded:

3. **Agency Name:** **Phone:** **Address:**

   Name and email address of Individual(s) who responded:

Patient Contact Information - Required: Permissions must be obtained by agency before using names

Name:

Contact Information:

Address: